

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SEARCH NO. 0701084	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				51
2	/		/				52
3	/		/				53
4	/		/				54
5	/		/				55
6	/		/				56
7	/		/				57
8	/		/				58
9	/		/				59
10	/		/				60
11	/		/				61
12	/		/				62
13	/		/				63
14	/		/				64
15	/		/				65
16	/		/				66
17	/		/				67
18	/		/				68
19	/		/				69
20	/		/				70
21	/		/				71
22	/		/				72
23	/		/				73
24	/		/				74
25	/		/				75
26	/		/				76
27	/		/				77
28	/		/				78
29	/		/				79
30	/		/				80
31	/		/				81
32	/		/				82
33	/		/				83
34	/		/				84
35	/		/				85
36	/		/				86
37	/		/				87
38	/		/				88
39	/		/				89
40	/		/				90
41	/		/				91
42	/		/				92
43	/		/				93
44	/		/				94
45	/		/				95
46	/		/				96
47	/		/				97
48	/		/				98
49	/		/				99
50	/		/				100
TOTAL IND.	37						TOTAL IND. 35
TOTAL DEP.	125						TOTAL DEP. 14
TOTAL FEE	620						TOTAL FEE 49

PTO-1389 (5-76)

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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